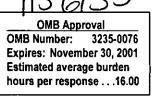


# **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, DC 20549

# FORM D





NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY						
Prefix	Serial					
	1					
DATE RE	CEIVED					
I	l					

00001008				<u> </u>	
• `	this is an amendment and name has changed, and ms, Inc. Series C Preferred Stock	l indicate change.)		Mail Proce	Scin-
Filing Under (Check box(es) that	at apply): ☐ Rule 504 ☐ Rule 505 ☑ Rule 506	5 🗆 Section 4(6) 🗀 ULOE	:	20010	ח
Type of Filing: ☑ New Filing	☐ Amendment			AUG 122	UU8
	A. BASIC ID	ENTIFICATION DA	TA		
1. Enter the information request				Washing	
Name of Issuer (☐ check if this	s is an amendment and name has changed, and in	dicate change.)		Washington 101	.00
Princeton Power System		DDOOLEG	ED		
Address of Executive Offices (1	Number and Street, City, State, Zip Code)	PROCESS	Telep	ohone Number (Includi	ng Area Code)
501 Forrestal Road, Prin	nceton, NJ 08540	AUG 1 5 200	)8 (60 <u>9</u>	9) 258-9668	
	Operations (Number and Street, City, State, Zip C	Code)	Teler	ohone Number (Includi	ng Area Code)
Brief Description of Business	1000)	THOMSON RE	:UIEKS'	<del></del>	
Seller of products and s	ervices to utility, commercial, indust	rial and military pow	er users		
Type of Business Organization	<u>-</u>				
☐ corporation☐ business trust	☐ limited partnership, already form ☐ limited partnership, to be formed		Oother (pleas	e specify):	
Actual or Estimated Date of Inc	ornoration or Organization:	0	Month Year	r1 🖾 Actual	☐ Estimated
	,			1 EFACIUAI	L Estillated
Jurisdiction of incorporation of	Organization: (Enter two-letter U.S. Postal Servi		DE		
	CN for Canada; FN for other forei	ign jurisaiction)	DE		
GENERAL INSTRUCTIONS					
Federal: Who Must File: All issuers mak	ing an offering of securities in reliance on an exe	emption under Regulation D	or Section 4(6), 17	7 CFR 230.501 et seq. c	or 15 U.S.C. 77d(6),
	e filed no later than 15 days after the first sale or of the date it is received by the SEC at the add				

was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA

### 2. Enter the information requested for the following:

- · Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	ter	☐ Executive Officer	☑ Director	☐ General Partner
		D Excelline Officer	e Director	— General Faranci
Full Name (Last name first, if individua	1)			
Limpaecher, Rudolf		,		
Business or Residence Address (Number	er and Street, City, State, Zip Code)			
45 Parsonage Lane, Topsfield	MA. 01893			
Check Box(es) that Apply:		☐ Executive Officer	☑ Director	☐ General Partner
Full Name (Last name first, if individua	1)			
Olsen, Gregory				
Business or Residence Address (Number	r and Street, City, State, Zip Code)			
90 Nassau Street, 4th Floor, Pr	inactor NI 00542			
Check Box(es) that Apply: Promot		☑Executive Officer	☑ Director	☐ General Partner
Full Name (Last name first, if individua	1)			
Hammell, Darren				
Business or Residence Address (Number	er and Street, City, State, Zip Code)			
15 Hamilton Avenue, Princeto	on, NJ 08542			
Check Box(es) that Apply:		☑Executive Officer	☑ Director	☐ General Partner
Full Name (Last name first, if individua	1)			
Zschau, Ed				
Business or Residence Address (Number	er and Street, City, State, Zip Code)			
270 Carinatan Band Kan Ale	04 04024			
279 Covington Road, Los Alte Check Box(es) that Apply:  Promot		☐ Executive Officer	☑ Director	☐ General Partner
Full Name (Last name first, if individua	u)			
Stach, Joe				
Business or Residence Address (Number	er and Street, City, State, Zip Code)			
180 Winding Way, Haddonfie	eld, NJ 0803			
Check Box(es) that Apply:		☐ Executive Officer	☑ Director	☐ General Partner
Full Name (Last name first, if individua	1)		· · · · · · · · · · · · · · · · · · ·	
Dries, Chris				
Business or Residence Address (Number	er and Street, City, State, Zip Code)			
164 Von Zonde Bood, Skilling	- NI 00550			
154 Van Zandt Road, Skillma Check Box(es) that Apply:		☑ Executive Officer	☐ Director	☐ General Partner
				_ 55000 1 1 1000
Full Name (Last name first, if individua Limpaecher, Erik	d)			
Business or Residence Address (Number	er and Street, City, State, Zip Code)			
3 Orchard Ave., Pennington, 1	NJ. 08534			

# A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- · Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General Partner
Full Name (Last name first,	if individual)			· · · · · · · · · · · · · · · · · · ·	
Holveck, Mark					
Business or Residence Add	ress (Number and St	reet, City, State, Zip Code)			
61 Phillips Ave., Lav	vrenceville NI	08648			
Check Box(es) that Apply:		☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General Partner
Full Name (Last name first,	if individual)				
Dann Cindu					
Rosen, Cindy Business or Residence Add	ress (Number and St	reet, City, State, Zip Code)			
501 Forrestal Road, 1 Check Box(es) that Apply:		08540 ☑ Beneficial Owner	□Executive Officer	☐ Director	☐ General Partner
	Li Fiolilotei	E Belleticiai Owliei	Elexecutive Officer	- Director	U General Faither
Full Name (Last name first,	if individual)				
GHO Ventures, LLC	l •				
Business or Residence Add	ress (Number and St	reet, City, State, Zip Code)			
90 Nassau Street, 4th	Floor, Princeto	n. NJ 08542			
Check Box(es) that Apply:		☑ Beneficial Owner	□Executive Officer	☐ Director	☐ General Partner
Full Name (Last name first,	if individual)				
, , , , , , , , , , , , , , , , , , ,	ŕ				
Limpaecher, Alex Business or Residence Add	ress (Number and St	reet City State Zip Code)			
45 Parsonage Lane,		01983-1314 ☑ Beneficial Owner	☐ Executive Officer	C Discount	☐ General Partner
Check Box(es) that Apply:	□ Promoter	M Beneficial Owner	La Executive Officer	☐ Director	General Panner
Full Name (Last name first,	if individual)				
Ed Zschau Enterprise	es				
Business or Residence Add		reet, City, State, Zip Code)			
P.O. Box 7391, Men	la Park CA 941	026-7301			
Check Box(es) that Apply:		☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General Partner
Full Name (Last name first,	if individual)				
,	,				
Jastrezebsky, Lubom Business or Residence Add		root City State 7in Code)			
Business of Residence Add	ress (rumber and sc	reet, City, State, Zip Code)			
501 Forrestal Road,					
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General Partner
Full Name (Last name first,	if individual)				
Chestnut Capital LL	C				
		reet, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
204 Chartmut St. Wa	et Masurtan A4A	02465			
294 Chestnut St, We Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
. ,					Managing Partner
Full Name (Last name first	, if individual)	·			

7				<del></del>		·	B. II	VFO	RMA	TIO	N AI	OUT	OFFERING		
1. Has	the issu	er sold	or does	the issu	er intend	l to sell	to non-	-accredi	ited inv	estors is	n this of	Tering?		Yes	No ☑
					•							-	r UILOE.		
2 Wh:	Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?						\$N/A								
2. *****	. What is the manner investment date will be desepted from any manner.						Yes	No							
3. Doe	s the of	Tering p	ermit jo	oint own	ership of	f a singl	le unit?							$\square$	
pı ar	ırchaseı ıd/or wi	s in co th a sta	nnection te or sta	ı with sa tes, list t	ales of se	ecuritie of the	s in the broker	offerin	g. If a p	person 1	o be lis	ted is an	y or indirectly, any commission or similar a associated person or agent of a broker or s to be listed are associated persons of such	r dealer registered	with the SEC
<u>N/A</u> Full N	ame (L	ast nam	e first, i	findivid	lual)								*******		
Busine	ss or R	esidenc	e Addre	ss (Num	ber and	Street,	City, St	ate, Zip	Code)						
Name	of Asso	ociated l	Broker (	or Deale	r										
States	in Whi	ch Perso	on Liste	d Has So	olicited o	r Inten	ds to So	licit Pu	rchaser	s		-	TI All Consu		
			or check [AR]	individi	Ial State: [CO]	s) [CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	🗖 All States		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]			
(MT)	(NE)	[NV]	[NH]	[LN]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full N	ame (L	ast nam	e first, i	f individ	lual)						<del></del> -				
Busin	ess or R	esidenc	e Addre	ess (Num	nber and	Street,	City, St	ate, Zip	Code)						
Name	of Asso	ociated	Broker	or Deale	r									••	
States	in Whi	ch Pers	on Liste	d Has S	olicited o	or Inten	ds to So	licit Pu	rchaser	s					
(Chec [AL]	k "All S [AK]	States" o	or check [AR]	individ: [CA]	ual State [CO]	s) [CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	🗖 All States		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	(MN)	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			
Full N	lame (L	ast nam	ne first,	if individ	dual)		•			<u>,</u>					
Busin	ess or R	tesiden	e Addr	ess (Nun	nber and	Street,	City, St	tate, Zir	Code)			<del></del>			
Name	of Ass	ociated	Broker	or Deale	ı						······································				
					olicited								T All Cares		
(Chec	(AK)	[AZ]	(AR)	(CA)	uai State [CO]	(CT)	(DE)	[DC]	[FL]	[GA]	(HI)	[ID]			
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	(MA)	[MI]	[MN]	[MS]	[MO]			
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]			
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]			

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

f. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box 

and indicate in the column below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt ..... Equity \$2,000,000,40 \$2,000,000.40 ☐ Common ☑ Preferred Convertible Securities (including warrants) Partnership Interests Other (Specify \_\_\_\_\_) ..... Total \$2,000,000,40 \$2,000,000.40 Answer also in Appendix, Column 3, if filing under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of offering Type of Dollar Amount Security Sold Rule 505 ..... Regulation A Rule 504 ..... Total..... 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs \$-0-Legal Fees ..... Accounting Fees ..... Engineering Fees **\$-**0-Sales Commissions (Specify finder's fees separately)..... **\$**-0-\_\_\_\_\_ Other Expenses (identify) **\$-**0-Total <u>\$-0-</u>

' C. OFFERING PRICE, NUMBER OF INVESTORS, E	XPENSES AND	USE OF PROCEEDS
b. Enter the difference between the aggregate offering price given in response to Part C-Question I and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$ <u>2,000,000.40</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C-Question 4.b, above.		
11011 4.0, 200VC.	Payments to	
	Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	□ s	_
Purchase of real estate	□ \$	_
Purchase, rental or leasing and installation of machinery and equipment	□ \$	_ 🗆 \$
Construction or leasing of plant buildings and facilities	□ \$	_ 🗆 \$
Acquisition of other businesses (including the value of securities involved in this		
offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger	□ \$	_ 🗆 \$
Repayment of indebtedness	□ <b>s</b>	
Working capital	□ s	
Other (specify)	□ \$	
	— * <u></u>	
2000000000	□ <b>\$</b>	<b>□</b> \$
Column Totals	□ \$	\$2,000,000.40
Total Payments Listed (column totals added)		\$2,000,000.40
D. FEDERAL SIGNA	TURE	
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon wr non-accredited investor pursuant to paragraph (b) (2) of Rule 502.	this notice is filed under itten request of its staff,	Rule 505, the following signature constitutes an the information furnished by the issuer to any
Issuer (Print or Type) Signature	Date	. /
Princeton Power Systems, Inc.	- 7/24	104
Name of Signer (Print or Type) Title of Signer (Print or Type)	<u> </u>	·
Darren Hammell Chief Executive Officer and Pres	ident	
ATTENTION		
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U	.S.C. 1001.)	

	E. STATE SIGNAT	URE		
✓Is any party described in 17 CFR 230.252 (c), provisions of such rule?	(d), (e) or (f) presently subject to any of the disq		Yes □	No ☑
See	Appendix, Column 5, for state response.			
The undersigned issuer hereby undertakes to fi required by state law.	urnish to any state administrator of any state in v	hich this notice is filed, a notice on	Form D (17 CFR 239	.500) at such times as
3. The undersigned issuer hereby undertakes to f	urnish to the state administrators, upon written re	quest, information furnished by the	issuer to offerees.	
<ol> <li>The undersigned issuer represents that the issue state in which this notice is filed and underst satisfied.</li> </ol>	er is familiar with the conditions that must be sa ands that the issuer claiming the availability of t			
The issuer has read this notification and knows the	ne contents to be true and has duly caused this no	tice to be signed on its behalf by the	e undersigned duly au	thorized person.
Issuer (Print or Type)	Signature	Date		
Princeton Power Systems, Inc.	Tart	7/24/0	8	
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Darren Hammell	Chief Executive Officer and Pr	esident		

#### Instructions

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

